

# Healthcare Information Resource Center

## Internet and Personal Computer Diskette Documentation

### The Annual Utilization Report of Hospitals

For Calendar Year

**2000**

# **Annual Utilization Report of Hospitals - 2000**

## **TABLE OF CONTENTS**

|   |            |
|---|------------|
| General Information.....  | 1          |
| Datafile Specification and Field Description Layout .....       | 2          |
| Specifications and Field Descriptions for Data File One.....    | 3          |
| Specifications and Field Descriptions for Data File Two .....   | 12         |
| Listing of California Counties by Name and Code Number.....     | Appendix A |
| Sample Annual Utilization Report of Hospitals report form ..... | Appendix B |

# Annual Utilization Report of Hospitals – 2000

## GENERAL INFORMATION

The Office of Statewide Health Planning and Development (OSHPD) annually produces these data files which contain 492 elements of utilization data from the *Annual Utilization Report of Hospitals (AURH)*. All nonfederal hospitals licensed in California must submit the Report to OSHPD. After receipt, reports are key-entered and OSHPD staff review each report for correctness and completeness. OSHPD contacts hospital staff when data reported appear incomplete or do not conform to established edits. If necessary, corrections are made to the data in consultation with the hospital staff. Once the review process for all reports has been completed, the database is closed and made available to the public. The data files contain data from the 2000 calendar year: January 1, 2000 – December 31, 2000.

### Documentation, Datafile Format, and Importing Hints for Spreadsheet or Database Software

This documentation includes descriptions of each data element. It may also be helpful to review the *AURH* 2000 reporting form. A copy of the form is included as Appendix B in this documentation package. Users can also view or download a copy of the Report Form Instructions by accessing the OSHPD website:  
<http://www.oshpd.state.ca.us/hid/infores/hospital/util/index.htm>.

Due to the large number of data items, the data are separated into two files. **Data File One** (hosp0001.txt) contains basic hospital identification information and the data items from the *AURH*, pages 0 through 5. **Data File Two** (hosp0002.txt) contains the data items from report pages 6 through 12.

### Header Rows

The first two rows in each data file are header rows containing column (field) titles. The first row has abbreviated field descriptions. The second row displays field names that include the respective input document coordinates from the *Annual Utilization Report of Hospitals*, by page, line and column. For example, the total number of hospital discharges is reported on page 8, line 40, column 3. The field name is "P084003." (All field names for reported data begin with a constant "P"). Note-the inclusion of two header rows can be useful, however, users should use care when doing sorts that automatically include both header rows. Also, some titles in the top header row may have to be shortened as some software limits field names to 8 characters.

### Importing Comma-Delimited Text Data Files

The files are in a comma-delimited text (TXT) format for use in spreadsheet and database applications. SAS and other statistics programs can also read the files. Most spreadsheet or database programs require that you import files through its import feature and it's a good idea to review your software's import features for more specific instructions. TXT files should not be opened by double-clicking the file with Windows Explorer. This will only result in Wordpad or Notepad automatically opening the file. TXT files must be imported into your application. Regarding the import process: It is important to consider the planned uses of the data. Current software applications feature helpful "Import Wizards" that provide guidance on such file import options as cell and column formatting for text, date, numerical use, and appearance. The user may want to consider particular formats for the following fields during the import process:

| <u>Page Line Column Number</u> | <u>Field Name</u> | <u>Format Consideration</u>                      |
|--------------------------------|-------------------|--|
| OSHPD_ID                       | OSHPD_ID          | Use the same format in both data files           |
| COUNTY                         | COUNTY            | Leading zeros of 2-digit county codes            |
| HSA                            | HSA               | Leading zeros, 2-digit health service area codes |
| HFPA                           | HFPA              | Leading zeros, hlth. fac. planning area codes    |
| P000103                        | RPT_STATUS        | Leading zeros of status codes                    |
| P020101                        | BEG_DATE          | Dates  |
| P020102                        | END_DATE          | Dates  |

The Readme.txt file that is included in this package also offers some assistance with text files. If you continue to have problems, contact a technical representative at Healthcare Information Resource Center (HIRC) at (916) 322-2814. Be aware

## **Annual Utilization Report of Hospitals – 2000**

that the OSHPD staff can only answer technical data questions. You must contact the software company's technical support service regarding operation of your software.

### **Number of Hospitals and General Notes**

These data files are from the *Annual Utilization Report of Hospitals* and contain a record of each nonfederal hospital that was open at any time during 2000. Each line (row) represents one hospital. There are 564 hospital locations included in the data file. OSHPD produces another data file from data collected from the *Hospital Annual Financial Data* report for hospitals (most recent for fiscal years ending in June 2000) and includes financial data for 502 hospitals. The utilization reports are required from each hospital site or location, while the financial reports allow for consolidated reporting (one entity may own multiple hospitals). These are two different reporting methods and the final hospital count will differ between both data files.

Except for a small number of fields that relate primarily to general hospital information, the data file and the AURH report form blocks are identical. The information in those other fields is maintained by the State Department of Health Services and provided to OSHPD through the Licensing File System (LFS).

### **Data File Documentation Description and Specifications Layout**

#### **Spreadsheet Columns**

Indicates the column in which the data item is located if the file is imported into a spreadsheet. The columns are in alphabetical order.

#### **Page, Line, & Column**

This item represents the report page, line, and column in the *Annual Utilization Report of Hospitals* input document.

#### **Field Name**

This lists the English abbreviated name for each field.

#### **Field Description and Codes Definition**

This field provides more information about the data item and will include a brief description or list of any codes or numbers that may affect the data item.

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns  | Page, Line, & Column No. | Field Name               | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions  |
|----------------------|--------------------------|--------------------------|--|
| <b>DATA FILE ONE</b> |                          |                          |  |
| A                    | OSHDP_ID                 | OSHDP_ID                 | OSHDP Facility Number (9 digits)   |
| B                    | COUNTY                   | COUNTY                   | County Number [see list of California codes on last page of document package]  |
| C                    | PERMID                   | PERM_ID                  | OSHDP Permanent ID Number (5 digit number, Office processes)   |
| D                    | LICTYPE                  | LIC_TYPE                 | <b>LFS License Type (License Classification)</b><br><u>Code</u> <u>Type</u><br>1      General Acute Care<br>2      Acute Psychiatric<br>3      Psychiatric Health Facility<br>4      Chemical Dependency Recovery Hospital<br>5      Rural Hospital-General Acute Care<br>6      State Correctional Facility |
| E                    | LICDATE                  | LIC_DATE                 | LFS First Licensed Date  |
| F                    | LSTAT                    | LIC_STATUS_CODE          | Status of hospital's license: C=closed; S=suspense; [blank]=open   |
| G                    | LSTATDT                  | LIC_STATUS_DATE          | Date of status of hospital's license   |
| H                    | OSTAT                    | RE-OPEN_HOSP_STATUS      | Re-opened Hospital & Lic. Code O=re-opened after suspense or closure   |
| I                    | OSTATDT                  | RE-OPEN_HOSP_STATUS_DATE | Date Hospital re-opened after suspense or closure  |
| J                    | ConNumA                  | TYPE_CONSOL              | Consolidation Type   |
| K                    | ConNumB                  | PAR_SATL_CONSOL          | Consolidated Parent/Satellite  |
| L                    | ConNumC                  | NUM_CONSOL               | Consolidation Seq Number   |
| M                    | ConDate                  | DATE_CONSOL              | Consolidation Date   |
| N                    | DBAName                  | FAC_NAME                 | Facility Name DBA (on 12/31)   |
| O                    | DBAAddr                  | ADDRESS                  | Address (DBA)  |
| P                    | DBACity                  | CITY                     | City (DBA)   |
| Q                    | DBAZip                   | ZIP_CODE                 | Zip Code (DBA)   |
| R                    | MLAttn                   | MAIL_ATTN                | Attention (Mailing Address)  |
| S                    | MLAddr                   | MAIL_ADD                 | Address (Mailing Address)  |
| T                    | MLCity                   | MAIL_CITY                | City (Mailing Address)   |
| U                    | MLState                  | MAIL_STATE               | State (Mailing Address)  |
| V                    | MLZIP                    | MAIL_ZIP                 | Zip Code (Mailing Address)   |
| W                    | HSA                      | HSA                      | Health Service Area Codes: 01-14   |
| X                    | HFPA                     | HFPA                     | Health Facility Planning Area 0101-1424  |

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name  | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions  |
|---------------------|--------------------------|-------------|--|
| Y                   | COMPSTAT                 | COMP_STATUS | <b>Computed Status Code</b><br><u>Code</u> <u>Status</u><br>C   Closed during current calendar year<br>D   Became distinct part of another hospital during year, 12/31<br>NO   New (licensed this calendar year), Operating 12/31<br>NS   New (licensed this calendar year), in Suspense on 12/31<br>NC   New (licensed this calendar year), Closed on 12/31<br>NSM   New (licensed this calendar year), in Suspense during year, operating 12/31<br>OA   Operating all year<br>SA   In suspense all year<br>SB   In suspense on January 1, Operating on December 31<br>SE   Operating January 1, in Suspense on December 31<br>SM   Operating on 1/1 & 12/31, in Suspense for a period during year  |
| Z                   | P000102                  | TYPE_LIC    | <u>Code</u> <u>License Type</u><br>1   General Acute Care<br>2   Acute Psychiatric<br>3   Psychiatric Health Facility<br>4   Chemical Dependency Recovery Hospital<br>5   Rural Hospital-General Acute Care<br>6   Prison Hospital   |
| AA                  | P000103                  | RPT_STATUS  | <b>Report Status (combines facility licensure status &amp; Annual Report status)</b><br><u>Code</u> <u>Report/License Status</u><br>01   License in suspense all year, no report required<br>02   License in suspense, data reported<br>03   License in suspense, nonrespondent<br>04   Hospital closed, data reported<br>05   Hospital closed, nonrespondent<br>06   Licensed but not in operation<br>07   Hospital open, data reported (most hospitals)<br>08   Hospital open, nonrespondent<br>09   Hospital open, partial year data reported (change of ownership)<br>10   Hospital open, report a combination of data from 2 (or more) owners<br>11   Closed, data unavailable<br>12   New, first licensed in this year, data reported<br>13   New, first licensed in this year, non-respondent |
| AB                  | P010301                  | PHONE       | Phone Number   |
| AC                  | P020101                  | BEG DATE    | Dates of Oper: From (CCYYMMDD)   |
| AD                  | P020102                  | END DATE    | Dates of Oper: Thru (CCYYMMDD)   |

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions  |
|---------------------|--------------------------|------------|--|
| AE                  | P020201                  | TYPE_CNTRL | <b>Type of Control, Ownership Type</b><br><u>Code</u> <u>Licensee (Hospital Ownership) Type</u><br>11      State<br>12      County<br>13      City<br>14      City/County<br>15      Hospital District<br>18      Nonprofit Corporation<br>19      Kaiser<br>20      Church<br>21      Other Nonprofit<br>22      University of California<br>23      For profit-individual<br>24      For profit-partnership<br>25      For profit-corporation<br>00      Unknown   |
| AF                  | P020301                  | TYPE_SVC   | <b>Principal Type of Service</b><br><u>Code</u> <u>Principal Type of Service</u><br>00      Unknown<br>10      General Medical/Surgical<br>11      Hospital Unit of an Institution<br>12      Long-term Care (SNIC)<br>13      Psychiatric<br>14      Tuberculosis & Other Respiratory Disease<br>15      Chemical Dependency (alcohol/drug)<br>16      Chronic Disease<br>17      Pediatric<br>18      Rehabilitation (Physical Rehabilitation)<br>19      Orthopedic or Pediatric Orthopedics<br>22      Developmentally Disabled<br>23      Other |

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name        | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions  |
|---------------------|--------------------------|-------------------|--|
| AG                  | P030101                  | HOSPICE_IND       | Provided Hospice during reporting year (1 if Yes)  |
| AH                  | P030201                  | HOSPICE_BED       | <b>Bed Classification Used for Hospice</b><br><b>Code    Bed Classification</b><br>1        General Acute Care (GAC)<br>2        Skilled Nursing Facility (SNF)<br>3        Intermediate Care Facility (ICF)<br>4        Combination |
| AI                  | P030501                  | CERT_MCAR_SN      | Certified for Medicare: Skilled Nursing (1 if Yes)   |
| AJ                  | P030502                  | CERT_MCAL_SN      | Certified for Medi-Cal: Skilled Nursing (1 if Yes)   |
| AK                  | P030503                  | CERT_MCAL_IC      | Certified for Medi-Cal: Intermediate Care (1 if Yes)   |
| AL                  | P030504                  | CERT_MCAL_ICDD    | Certified for Medi-Cal: Intermediate Care/DD (1 if Yes)  |
| AM                  | P030505                  | CERT_MCAL_SUB     | Certified for Medi-Cal: Subacute (1 if Yes)  |
| AN                  | P031101                  | DIS_LT_TOT        | Discharges, LTC Total  |
| AO                  | P031201                  | DIS_LT_<2WK       | LTC Discharges Less Than 2 Weeks   |
| AP                  | P031301                  | DIS_LT_2WK_<1MO   | LTC Discharges 2 Weeks but Less Than 1 Month   |
| AQ                  | P031401                  | DIS_LT_1-3MO      | LTC Discharges 1 Month but Less Than 3 Months  |
| AR                  | P031501                  | DIS_LT_3-6MO      | LTC Discharges 3 To 6 Months   |
| AS                  | P031601                  | DIS_LT_7-12MO     | LTC Discharges 7 To 12 Months  |
| AT                  | P031701                  | DIS_LT_1YR_<2YR   | LTC Discharges 1 year but Less than 2 yrs  |
| AU                  | P031801                  | DIS_LT_2YR_<3YR   | LTC Discharges 2 Years but Less than 3 yrs   |
| AV                  | P031901                  | DIS_LT_3YR_<5YR   | LTC Discharges 3 Years but Less than 5 yrs   |
| AW                  | P032001                  | DIS_LT_5YR_<7YR   | LTC Discharges 5 Years but Less than 10  |
| AX                  | P032101                  | DIS_LT_7YR_<10YR  | LTC Discharges 7 Years but Less Than 10  |
| AY                  | P032201                  | DIS_LT_>=10YR     | LTC Discharges 10 Years or More  |
| AZ                  | P034101                  | PT_AIDS-HIV       | Patients Diagn. w/ AIDS, ARC or HIV Related  |
| BA                  | P034201                  | ALZHMR_PROG       | Alzheimers Disease Program (1 if Yes)  |
| BB                  | P034301                  | PT_ALZHMR         | Patients w/ Primary or Secondary Diag, Alzheimers  |
| BC                  | P040101                  | CENS-PY_LT_SN-GEN | Census, Prior Year 12/31, Skilled Nursing (General)  |
| BD                  | P040102                  | CENS-PY_IC-GEN    | Census, Prior Year 12/31, Intermediate Care (General)  |
| BE                  | P040103                  | CENS-PY_SN-MD     | Census, Prior Year 12/31, Skilled Nursing-Mentally Disordered  |
| BF                  | P040104                  | CENS-PY_IC-DD     | Census, Prior Year 12/31, Intermediate Care-Dev. Disabled  |
| BG                  | P040106                  | CENS-PY_TOT       | Census, Prior Year on 12/31 Total  |
| BH                  | P040201                  | ADM_LT_SN-GEN     | Admissions, LTC Skilled Nursing-Gen  |
| BI                  | P040202                  | ADM_LT_IC-GEN     | Admissions, LTC Intermediate Care (General)  |
| BJ                  | P040203                  | ADM_LT_SN-MD      | Admissions, LTC Skilled Nursing Mentally Disordered  |
| BK                  | P040204                  | ADM_LT_IC-DD      | Admissions, LTC Intermediate Care-Dev. Disabled  |
| BL                  | P040206                  | ADM_LT_TOT        | Admissions, LTC Total  |
| BM                  | P040207                  | ADM_LT_HOME       | Admitted LTC from Home   |



## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name           | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions |
|---------------------|--------------------------|----------------------|---|
| BN                  | P040208                  | ADM_LT_HOSP          | Admitted LTC from Hospital  |
| BO                  | P040209                  | ADM_LT_ST-HOSP       | Admitted LTC from State Hospital  |
| BP                  | P040210                  | ADM_LT_OTHR-LTC      | Admitted LTC from Other Long Term Care  |
| BQ                  | P040211                  | ADM_LT_RESIDENT      | Admitted LTC from Residential/Board & Care  |
| BR                  | P040212                  | ADM_LT_OTHR          | Admitted LTC from Other   |
| BS                  | P040301                  | DIS_LT_SN-GEN        | Discharges, LTC Skilled Nursing (General)   |
| BT                  | P040302                  | DIS_LT_IC-GEN        | Discharges, LTC Intermediate Care (General)   |
| BU                  | P040303                  | DIS_LT_SN-MD         | Discharges, LTC Skilled Nursing-Mentally Disordered   |
| BV                  | P040304                  | DIS_LT_IC-DD         | Discharges, LTC Intermediate Care-Developmentally Disabled                                    |
| BW                  | P040306                  | DIS_LT_TOT2          | Discharges, LTC Total   |
| BX                  | P040307                  | DIS_LT_HOME          | Discharged LTC to Home  |
| BY                  | P040308                  | DIS_LT_HOSP          | Discharged LTC to Hospital  |
| BZ                  | P040309                  | DIS_LT_ST-HOSP       | Discharged LTC to StateHospital   |
| CA                  | P040310                  | DIS_LT_OTHR-LTC      | Discharged LTC to Other Long Term Care  |
| CB                  | P040311                  | DIS_LT_RES_BDC       | Discharged LTC to Residential/Board & Care  |
| CC                  | P040312                  | DIS_LT_OTHR          | Discharged LTC to Other   |
| CD                  | P040313                  | DIS_LT_AWOL/AMA      | Discharged LTC to AWOL/AMA  |
| CE                  | P040314                  | DIS_LT_DEATH         | Discharged LTC to Death   |
| CF                  | P040401                  | CENS_LT_SN-GEN       | Census LTC Skilled Nursing (General)  |
| CG                  | P040402                  | CENS_LT_IC-GEN       | Census LTC Intermediate Care (General)  |
| CH                  | P040403                  | CENS_LT_SN-MD        | Census LTC Skilled Nursing-Mentally Disordered  |
| CI                  | P040404                  | CENS_LT_IC-DD        | Census LTC Intermediate Care-Developmentally Disabled   |
| CJ                  | P040406                  | CENS_LT_TOT          | Census, Total LTC Patients on 12/31   |
| CK                  | P040407                  | CENS_LT_MCAR         | Census, LTC Medicare  |
| CL                  | P040408                  | CENS_LT_MCAL         | Census, LTC Medi-Cal  |
| CM                  | P040409                  | CENS_LT_HMO          | Census, LTC HMO   |
| CN                  | P040410                  | CENS_LT_PVT_INS      | Census, LTC Private Ins.  |
| CO                  | P040411                  | CENS_LT_PVT_SELF-PAY | Census, LTC Private Pay   |
| CP                  | P040414                  | CENS_LT_PVT_OTHR     | Census, LTC Other   |
| CQ                  | P040501                  | DAY_LT_SN-GEN        | Days, LTC Patient Skilled Nursing (General)   |
| CR                  | P040502                  | DAY_LT_IC-GEN        | Days, LTC Patient Intermediate Care (General)   |
| CS                  | P040503                  | DAY_LT_SN-MD         | Days, LTC Patient Skilled Nursing-Mentally Disordered   |
| CT                  | P040504                  | DAY_LT_IC-DD         | Days, LTC Patient Intermediate Care-Developmentally Disabled                                  |
| CU                  | P040506                  | DAY_LT_TOT           | Days, LTC Total   |
| CV                  | P040601                  | BED_LIC_LT_SN-GEN    | Bed, Licensed LTC Skilled Nursing (General)   |
| CW                  | P040602                  | BED_LIC_LT_IC-GEN    | Bed, Licensed LTC Intermediate Care (General)   |
| CX                  | P040603                  | BED_LIC_LT_SN-MD     | Bed, Licensed LTC Skilled Nursing-Mentally Disordered   |
| CY                  | P040604                  | BED_LIC_LT_IC-DD     | Bed, Licensed LTC Intermediate Care-Developmentally Disabled                                  |

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name           | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions |
|---------------------|--------------------------|----------------------|---|
| CZ                  | P040606                  | BED_LIC_LT_TOT       | Bed, Licensed LTC Total   |
| DA                  | P040701                  | DAY_LICBED_LT_SN-GEN | Days, Licensed Bed LTC Skilled Nursing (General)  |
| DB                  | P040702                  | DAY_LICBED_LT_IC-GEN | Days, Licensed Bed LTC Intermediate Care (General)  |
| DC                  | P040703                  | DAY_LICBED_LT_SN-MD  | Days, Licensed Bed LTC Skilled Nursing-Mentally Disordered                                    |
| DD                  | P040704                  | DAY_LICBED_LT_IC-DD  | Days, Licensed Bed LTC Intermediate Care-Developmentally Disabled                             |
| DE                  | P040706                  | DAY_LICBED_LT_TOT    | Days, Licensed Bed LTC Total Licensed Bed   |
| DF                  | P040801                  | BED_SWNG_LT_SN-GEN   | Swing Beds, LTC Skilled Nursing (General)   |
| DG                  | P040806                  | BED_SWNG_LT_TOT      | Swing Beds, LTC Total   |
| DH                  | P050101                  | CENS_LT_TOT2         | Census, Total LTC Patient on 12/31  |
| DI                  | P050201                  | M_CENS_LT_TOT        | Male, LTC Total   |
| DJ                  | P050301                  | F_CENS_LT_TOT        | Female, LTC Total   |
| DK                  | P050401                  | M_WHI_LT<45          | Male, White, LTC Under 45 Years   |
| DL                  | P050402                  | M_WHI_LT_45-54       | Male, White, LTC 45-54 Years  |
| DM                  | P050403                  | M_WHI_LT_55-64       | Male, White, LTC 55-64 Years  |
| DN                  | P050404                  | M_WHI_LT_65-74       | Male, White, LTC 65-74 Years  |
| DO                  | P050405                  | M_WHI_LT_75-84       | Male, White, LTC 75-84 Years  |
| DP                  | P050406                  | M_WHI_LT_85-94       | Male, White, LTC 85-94 Years  |
| DQ                  | P050407                  | M_WHI_LT_>=95        | Male, White, LTC 95 Years and Older   |
| DR                  | P050501                  | M_BLK_LT<45          | Male, Black, LTC Under 45 Years   |
| DS                  | P050502                  | M_BLK_LT_45-54       | Male, Black, LTC 45-54 Years  |
| DT                  | P050503                  | M_BLK_LT_55-64       | Male, Black, LTC 55-64 Years  |
| DU                  | P050504                  | M_BLK_LT_65-74       | Male, Black, LTC 65-74 Years  |
| DV                  | P050505                  | M_BLK_LT_75-84       | Male, Black, LTC 75-84 Years  |
| DW                  | P050506                  | M_BLK_LT_85-94       | Male, Black, LTC 85-94 Years  |
| DX                  | P050507                  | M_BLK_LT_>=95        | Male, Black, LTC 95 Years and Older   |
| DY                  | P050601                  | M_HIS_LT<45          | Male, Hispanic, LTC Under 45 Years  |
| DZ                  | P050602                  | M_HIS_LT_45-54       | Male, Hispanic, LTC 45-54 Years   |
| EA                  | P050603                  | M_HIS_LT_55-64       | Male, Hispanic, LTC 55-64 Years   |
| EB                  | P050604                  | M_HIS_LT_65-74       | Male, Hispanic, LTC 65-74 Years   |
| EC                  | P050605                  | M_HIS_LT_75-84       | Male, Hispanic, LTC 75-84 Years   |
| ED                  | P050606                  | M_HIS_LT_85-94       | Male, Hispanic, LTC 85-94 Years   |
| EE                  | P050607                  | M_HIS_LT_>=95        | Male, Hispanic, LTC 95 Years and Older  |
| EF                  | P050701                  | M_ASI_LT_<45         | Male, Asian, LTC Under 45 Years   |
| EG                  | P050702                  | M_ASI_LT_45-54       | Male, Asian, LTC 45-54 Years  |
| EH                  | P050703                  | M_ASI_LT_55-64       | Male, Asian, LTC 55-64 Years  |
| EI                  | P050704                  | M_ASI_LT_65-74       | Male, Asian, LTC 65-74 Years  |
| EJ                  | P050705                  | M_ASI_LT_75-84       | Male, Asian, LTC 75-84 Years  |
| EK                  | P050706                  | M_ASI_LT_85-94       | Male, Asian, LTC 85-94 Years  |

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name     | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions |
|---------------------|--------------------------|----------------|---|
| EL                  | P050707                  | M_ASI_LT_>=95  | Male, Asian, LTC 95 Years and Older   |
| EM                  | P050801                  | M_FIL_LT_<45   | Male, Filipino, LTC Under 45  |
| EN                  | P050802                  | M_FIL_LT_45-54 | Male, Filipino, LTC 45-54 Years   |
| EO                  | P050803                  | M_FIL_LT_55-64 | Male, Filipino, LTC 55-64 Years   |
| EP                  | P050804                  | M_FIL_LT_65-74 | Male, Filipino, LTC 65-74 Years   |
| EQ                  | P050805                  | M_FIL_LT_75-84 | Male, Filipino, LTC 75-84 Years   |
| ER                  | P050806                  | M_FIL_LT_85-94 | Male, Filipino, LTC 85-94 Years   |
| ES                  | P050807                  | M_FIL_LT_>=95  | Male, Filipino, LTC 95 Years and Older  |
| ET                  | P050901                  | M_PAI_LT_<45   | Male, Pacific Islander, LTC Under 45 Years  |
| EU                  | P050902                  | M_PAI_LT_45-54 | Male, Pacific Islander, LTC 45-54 Years   |
| EV                  | P050903                  | M_PAI_LT_55-64 | Male, Pacific Islander, LTC 55-64 Years   |
| EW                  | P050904                  | M_PAI_LT_65-74 | Male, Pacific Islander, LTC 65-74 Years   |
| EX                  | P050905                  | M_PAI_LT_75-84 | Male, Pacific Islander, LTC 75-84 Years   |
| EY                  | P050906                  | M_PAI_LT_85-94 | Male, Pacific Islander, LTC 85-94 Years   |
| EZ                  | P050907                  | M_PAI_LT_>=95  | Male, Pacific Islander, LTC 95 Years and Older  |
| FA                  | P051001                  | M_NAM_LT_<45   | Male, Native American, LTC Under 45 Years   |
| FB                  | P051002                  | M_NAM_LT_45-54 | Male, Native American, LTC 45-54 Years  |
| FC                  | P051003                  | M_NAM_LT_55-64 | Male, Native American, LTC 55-64 Years  |
| FD                  | P051004                  | M_NAM_LT_65-74 | Male, Native American, LTC 65-74 Years  |
| FE                  | P051005                  | M_NAM_LT_75-84 | Male, Native American, LTC 75-84 Years  |
| FF                  | P051006                  | M_NAM_LT_85-94 | Male, Native American, LTC 85-94 Years  |
| FG                  | P051007                  | M_NAM_LT_>=95  | Male, Native American, LTC 95 Years and Older   |
| FH                  | P051101                  | M_OTH_LT_<45   | Male, Other, LTC Under 45 Years   |
| FI                  | P051102                  | M_OTH_LT_45-54 | Male, Other, LTC 45-54 Years  |
| FJ                  | P051103                  | M_OTH_LT_55-64 | Male, Other, LTC 55-64 Years  |
| FK                  | P051104                  | M_OTH_LT_65-74 | Male, Other, LTC 65-74 Years  |
| FL                  | P051105                  | M_OTH_LT_75-84 | Male, Other, LTC 75-84 Years  |
| FM                  | P051106                  | M_OTH_LT_85-94 | Male, Other, LTC 85-94 Years  |
| FN                  | P051107                  | M_OTH_LT_>=95  | Male, Other, LTC 95 Years and Older   |
| FO                  | P051201                  | M_TOT_LT_<45   | Male, Total, LTC Under 45 Years   |
| FP                  | P051202                  | M_TOT_LT_45-54 | Male, Total, LTC 45-54 Years  |
| FQ                  | P051203                  | M_TOT_LT_55-64 | Male, Total, LTC 55-64 Years  |
| FR                  | P051204                  | M_TOT_LT_65-74 | Male, Total, LTC 65-74 Years  |
| FS                  | P051205                  | M_TOT_LT_75-84 | Male, Total, LTC 75-84, Years   |
| FT                  | P051206                  | M_TOT_LT_85-94 | Male, Total, LTC 85-94 Years  |
| FU                  | P051207                  | M_TOT_LT_>=95  | Male, Total, LTC 95 Years and Older   |
| FV                  | P051301                  | F_WHI_LT_<45   | Female, White, LTC Under 45 Years   |
| FW                  | P051302                  | F_WHI_LT_45-54 | Female, White, LTC 45-54 Years  |

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name      | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions |
|---------------------|--------------------------|-----------------|---|
| FX                  | P051303                  | F_WHI_LT_55-64  | Female, White, LTC 55-64 Years  |
| FY                  | P051304                  | F_WHI_LT_65-74  | Female, White, LTC 65-74 Years  |
| FZ                  | P051305                  | F_WHI_LT_75-84  | Female, White, LTC 75-84 Years  |
| GA                  | P051306                  | F_WHI_LT_85-94  | Female, White, LTC 85-94 Years  |
| GB                  | P051307                  | F_WHI_LT_>=95   | Female, White, LTC 95 Years and Older   |
| GC                  | P051401                  | F_BLK_LT_<45    | Female, Black, LTC Under 45 Years   |
| GD                  | P051402                  | F_BLK_LT_45-54  | Female, Black, LTC 45-54 Years  |
| GE                  | P051403                  | F_BLK_LT_55-64  | Female, Black, LTC 55-64 Years  |
| GF                  | P051404                  | F_BLK_LT_65-74  | Female, Black, LTC 65-74 Years  |
| GG                  | P051405                  | F_BLK_LT_75-84  | Female, Black, LTC 75-84 Years  |
| GH                  | P051406                  | F_BLK_LT_85-94  | Female, Black, LTC 85-94 Years  |
| GI                  | P051407                  | F_BLK_LT_>=95   | Female, Black, LTC 95 Years and Older   |
| GJ                  | P051501                  | F_HIS_LT_<45    | Female, Hispanic, LTC Under 45 Years  |
| GK                  | P051502                  | F_HIS_LT_45-54  | Female, Hispanic, LTC 45-54 Years   |
| GL                  | P051503                  | F_HIS_LT_55-64  | Female, Hispanic, LTC 55-64 Years   |
| GM                  | P051504                  | F_HIS_LT_65-74  | Female, Hispanic, LTC 65-74 Years   |
| GN                  | P051505                  | F_HIS_LT_75-84  | Female, Hispanic, LTC 75-84 Years   |
| GO                  | P051506                  | F_HIS_LT_85-94  | Female, Hispanic, LTC 85-94 Years   |
| GP                  | P051507                  | F_HIS_LT_>=95   | Female, Hispanic, LTC 95 Years and Older  |
| GQ                  | P051601                  | F_ASI_LT_<45    | Female, Asian, LTC Under 45 Years   |
| GR                  | P051602                  | F_ASI_LT_45-54  | Female, Asian, LTC 45-54 Years  |
| GS                  | P051603                  | F_ASI_LT_55-64  | Female, Asian, LTC 55-64 Years  |
| GT                  | P051604                  | F_ASI_LT_65-74  | Female, Asian, LTC 65-74 Years  |
| GU                  | P051605                  | F_ASI_LT_75-84  | Female, Asian, LTC 75-84 Years  |
| GV                  | P051606                  | F_ASI_LT_85-94  | Female, Asian, LTC 85-94 Years  |
| GW                  | P051607                  | F_ASI_LT_>=95   | Female, Asian, LTC 95 Years and Older   |
| GX                  | P051701                  | F_FIL_LT_<45    | Female, Filipino, LTC Under 45  |
| GY                  | P051702                  | F_FIL_LT_45-54  | Female, Filipino, LTC 45-54 Years   |
| GZ                  | P051703                  | F_FIL_LT_55-64  | Female, Filipino, LTC 55-64 Years   |
| HA                  | P051704                  | F_FIL_LT_65-74  | Female, Filipino, LTC 65-74 Years   |
| HB                  | P051705                  | F_FIL_LT_75-84  | Female, Filipino, LTC 75-84 Years   |
| HC                  | P051706                  | F_FIL_LT_85-94  | Female, Filipino, LTC 85-94 Years   |
| HD                  | P051707                  | F_FIL_LT_>=95   | Female, Filipino, LTC 95 Years and Older  |
| HE                  | P051801                  | F_PA_I LT_<45   | Female, Pacific Islander, LTC Under 45 Years  |
| HF                  | P051802                  | F_PA_I LT_45-54 | Female, Pacific Islander, LTC 45-54 Years   |
| HG                  | P051803                  | F_PA_I LT_55-64 | Female, Pacific Islander, LTC 55-64 Years   |
| HH                  | P051804                  | F_PA_I LT_65-74 | Female, Pacific Islander, LTC 65-74 Years   |
| HI                  | P051805                  | F_PA_I LT_75-84 | Female, Pacific Islander, LTC 75-84 Years   |

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name     | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions |
|---------------------|--------------------------|----------------|---|
| HJ                  | P051806                  | F_PAI_LT_85-94 | Female, Pacific Islander, LTC 85-94 Years   |
| HK                  | P051807                  | F_PAI_LT_>=95  | Female, Pacific Islander, LTC 95 Years and Older  |
| HL                  | P051901                  | F_NAM_LT_<45   | Female, Native American, LTC Under 45 Years   |
| HM                  | P051902                  | F_NAM_LT_45-54 | Female, Native American, LTC 45-54 Years  |
| HN                  | P051903                  | F_NAM_LT_55-64 | Female, Native American, LTC 55-64 Years  |
| HO                  | P051904                  | F_NAM_LT_65-74 | Female, Native American, LTC 65-74 Years  |
| HP                  | P051905                  | F_NAM_LT_75-84 | Female, Native American, LTC 75-84 Years  |
| HQ                  | P051906                  | F_NAM_LT_85-94 | Female, Native American, LTC 85-94 Years  |
| HR                  | P051907                  | F_NAM_LT_>=95  | Female, Native American, LTC 95 Years and Older   |
| HS                  | P052001                  | F_OTH_LT_<45   | Female, Other, LTC Under 45 Years   |
| HT                  | P052002                  | F_OTH_LT_45-54 | Female, Other, LTC 45-54 Years  |
| HU                  | P052003                  | F_OTH_LT_55-64 | Female, Other, LTC 55-64 Years  |
| HV                  | P052004                  | F_OTH_LT_65-74 | Female, Other, LTC 65-74 Years  |
| HW                  | P052005                  | F_OTH_LT_75-84 | Female, Other, LTC 75-84 Years  |
| HX                  | P052006                  | F_OTH_LT_85-94 | Female, Other, LTC 85-94 Years  |
| HY                  | P052007                  | F_OTH_LT_>=95  | Female, Other, LTC 95 Years and Older   |
| HZ                  | P052101                  | F_TOT_LT_<45   | Female, Total, LTC Under 45 Years   |
| IA                  | P052102                  | F_TOT_LT_45-54 | Female, Total, LTC 45-54 Years  |
| IB                  | P052103                  | F_TOT_LT_55-64 | Female, Total, LTC 55-64 Years  |
| IC                  | P052104                  | F_TOT_LT_65-74 | Female, Total, LTC 65-74 Years  |
| ID                  | P052105                  | F_TOT_LT_75-84 | Female, Total, LTC 75-84, Years   |
| IE                  | P052106                  | F_TOT_LT_85-94 | Female, Total, LTC 85-94 Years  |
| IF                  | P052107                  | F_TOT_LT_>=95  | Female, Total, LTC 95 Years and Older   |

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns  | Page, Line, & Column No. | Field Name              | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions |
|----------------------|--------------------------|-------------------------|---|
| <b>DATA FILE TWO</b> |                          |                         |   |
| A                    | OSHPD_ID                 | OSHPD_ID                | OSHPD Facility Number (9 digits & repeat of Field 1)  |
| B                    | P060101                  | BED_SUB                 | Beds, SubAcute  |
| C                    | P060201                  | CENS_SUB_<=20           | Census, Subacute 12/31, 20 Yr & Under   |
| D                    | P060202                  | CENS_SUB_>=21           | Census, Subacute 12/31, 21 Yr & Older   |
| E                    | P060301                  | ADM_SUB_<=20            | Admissions, Subacute 12/31, 20 Yr & Under   |
| F                    | P060302                  | ADM_SUB_>=21            | Admissions, Subacute 12/31, 21 Yr & Older   |
| G                    | P060401                  | DIS_SUB_<=20            | Discharges, Subacute 12/31, 20 Yr & Under   |
| H                    | P060402                  | DIS_SUB_>=21            | Discharges, Subacute 12/31, 21 Yr & Older   |
| I                    | P060501                  | DAY_SUB_<=20            | Days, Subacute 12/31, 20 Yr & Under   |
| J                    | P060502                  | DAY_SUB_>=21            | Days, Subacute 12/31, 21 Yr & Older   |
| K                    | P061001                  | ADM_SUB_HOME_<=20       | Admissions, Subacute f/Home, 20 Yr & Under  |
| L                    | P061002                  | ADM_SUB_HOME_>=21       | Admissions, Subacute f/Home, 21 Yr & Older  |
| M                    | P061101                  | ADM_SUB_ST-HOSP_<=20    | Admissions, Subacute f/State hosp, 20 Yr & Under  |
| N                    | P061102                  | ADM_SUB_ST-HOSP_>=21    | Admissions, Subacute f/State hosp, 21 Yr & Older  |
| O                    | P061201                  | ADM_SUB_RESIDNT_<=20    | Admissions, Subacute f/Residential B&C, 20 Yr & Under   |
| P                    | P061202                  | ADM_SUB_RESIDNT_>=21    | Admissions, Subacute f/Residential B&C, 21 Yr & Older   |
| Q                    | P061301                  | ADM_SUB_HOSP_<=20       | Admissions, Subacute f/Hospital, 20 Yr & Under  |
| R                    | P061302                  | ADM_SUB_HOSP_>=21       | Admissions, Subacute f/Hospital, 21 Yr & Older  |
| S                    | P061401                  | ADM_SUB_LTC_<=20        | Admissions, Subacute f/Other LTC, 20 Yr & Under   |
| T                    | P061402                  | ADM_SUB_LTC_>=21        | Admissions, Subacute f/Other LTC, 21 Yr & Older   |
| U                    | P061501                  | ADM_SUB_OTHR_<=20       | Admissions, Subacute f/Other, 20 Yr & Under   |
| V                    | P061502                  | ADM_SUB_OTHR_>=21       | Admissions, Subacute f/Other, 21 Yr & Older   |
| W                    | P062001                  | DIS_SUB_HOME_<=20       | Discharges, Subacute to Home, 20 Yr & Under   |
| X                    | P062002                  | DIS_SUB_HOME_>=21       | Discharges, Subacute to Home, 21 Yr & Older   |
| Y                    | P062101                  | DIS_SUB_ST-HOSP_<=20    | Discharges, Subacute to State hosp, 20 Yr & Under   |
| Z                    | P062102                  | DIS_SUB_ST-HOSP_>=21    | Discharges, Subacute to State hosp, 21 Yr & Older   |
| AA                   | P062201                  | DIS_SUB_RESIDNT_<=20    | Discharges, Subacute to Residential B&C, 20 Yr & Under  |
| AB                   | P062202                  | DIS_SUB_RESIDNT_>=21    | Discharges, Subacute to Residential B&C, 21 Yr & Older  |
| AC                   | P062301                  | DIS_SUB_HOSP_<=20       | Discharges, Subacute to Hospital, 20 Yr & Under   |
| AD                   | P062302                  | DIS_SUB_HOSP_>=21       | Discharges, Subacute to Hospital, 21 Yr & Older   |
| AE                   | P062401                  | DIS_SUB_LTC_<=20        | Discharges, Subacute to Other LTC, 20 Yr & Under  |
| AF                   | P062402                  | DIS_SUB_LTC_>=21        | Discharges, Subacute to Other LTC, 21 Yr & Older  |
| AG                   | P062501                  | DIS_SUB_OTHR_<=20       | Discharges, Subacute to Other, 20 Yr & Under  |
| AH                   | P062502                  | DIS_SUB_OTHR_>=21       | Discharges, Subacute to Other, 21 Yr & Older  |
| AI                   | P062601                  | DIS_SUB_DEATH_<=20      | Discharges, Subacute to Death, 20 Yr & Under  |
| AJ                   | P062602                  | DIS_SUB_DEATH_>=21      | Discharges, Subacute to Death, 21 Yr & Older  |
| AK                   | P063101                  | PT_SUB_TRACH_WVENT_<=20 | Patient, Subacute Tracheostomy w/Ventilator 20 Yr & Under                                     |

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name               | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions |
|---------------------|--------------------------|--------------------------|---|
| AL                  | P063102                  | PT_SUB_TRACH_WVENT_>=21  | Patient, Subacute Tracheostomy w/Ventilator 20 Yr & Over                                      |
| AM                  | P063201                  | PT_SUB_TRACH_WOVENT_<=20 | Patient, Subacute Tracheostomy w/o Ventilator 20 Yr & Under                                   |
| AN                  | P063202                  | PT_SUB_TRACH_WOVENT_>=21 | Patient, Subacute Tracheostomy w/o Ventilator 20 Yr & Over                                    |
| AO                  | P063301                  | PT_SUB_TUBEFEED_<=20     | Patient, Subacute Tube Feeding 20 Yr & Under  |
| AP                  | P063302                  | PT_SUB_TUBEFEED_>=21     | Patient, Subacute Tube Feeding 20 Yr & Over   |
| AQ                  | P063401                  | PT_SUB_TPN_<=20          | Patient, Subacute Total Parenteral Nutrition 20 Yr & Under                                    |
| AR                  | P063402                  | PT_SUB_TPN_>=21          | Patient, Subacute Total Parenteral Nutrition 20 Yr & Over                                     |
| AS                  | P063501                  | PT_SUB_PHY_THER_<=20     | Patient, Subacute Physical Therapy 20 Yr & Under  |
| AT                  | P063502                  | PT_SUB_PHY_THER_>=21     | Patient, Subacute Physical Therapy 20 Yr & Over   |
| AU                  | P063601                  | PT_SUB_SPE_THER_<=20     | Patient, Subacute Speech Therapy 20 Yr & Under  |
| AV                  | P063602                  | PT_SUB_SPE_THER_>=21     | Patient, Subacute Speech Therapy 20 Yr & Over   |
| AW                  | P063701                  | PT_SUB_OCC_THER_<=20     | Patient, Subacute Occupational Therapy 20 Yr & Under  |
| AX                  | P063702                  | PT_SUB_OCC_THER_>=21     | Patient, Subacute Occupational Therapy 20 Yr & Over   |
| AY                  | P063801                  | PT_SUB_IV_THER_<=20      | Patient, Subacute IV Therapy 20 Yr & Under  |
| AZ                  | P063802                  | PT_SUB_IV_THER_>=21      | Patient, Subacute IV Therapy 20 Yr & Over   |
| BA                  | P063901                  | PT_SUB_WOUND_CR<=20      | Patient, Subacute Wound Care 20 Yr & Under  |
| BB                  | P063902                  | PT_SUB_WOUND_CR_>=21     | Patient, Subacute Wound Care 20 Yr & Over   |
| BC                  | P064001                  | PT_SUB_DIALYS_<=20       | Patient, Subacute Peritoneal Dialysis 20 Yr & Under   |
| BD                  | P064002                  | PT_SUB_DIALYS_>=21       | Patient, Subacute Peritoneal Dialysis 20 Yr & Over  |
| BE                  | P070101                  | CENS_PSY_TOT             | Census, Acute Psychiatric, Total  |
| BF                  | P070201                  | CENS_PSY_LCK             | Census, Acute Psychiatric, Locked   |
| BG                  | P070301                  | CENS_PSY_OPN             | Census, Acute Psychiatric, Open   |
| BH                  | P070601                  | CENS_PSY_TOT             | Census, Acute Psychiatric, Total  |
| BI                  | P070701                  | CENS_PSY_<=17            | Census, Acute Psychiatric 12/31, 17 Years Old and Under                                       |
| BJ                  | P070801                  | CENS_PSY_18-64           | Census, Acute Psychiatric 12/31, 18 - 64 Years  |
| BK                  | P070901                  | CENS_PSY_>=65            | Census, Acute Psychiatric 12/31, 65 Years and Older   |
| BL                  | P071501                  | CENS_CHEM_PSY            | Census, Chem Dep Recovry Svc Using Lic. Psychiatric Beds on 12/31                             |
| BM                  | P071502                  | DIS_CHEM_PSY             | Discharges, Chemical Dependency Recovery (1/1-12/31)  |
| BN                  | P071503                  | DAY_CHEM_PSY             | Days, Chemical Dependency Recovery  |
| BO                  | P071504                  | BED_CHEM_PSY_LIC         | Beds, on License (Psychiatric Beds approved for CDRS)   |
| BP                  | P072001                  | CENS_PSY_TOT             | Census, Acute Psychiatric, Total  |
| BQ                  | P072101                  | CENS_PSY_MCAR            | Census, Acute Psychiatric Medicare  |
| BR                  | P072201                  | CENS_PSY_MCAL            | Census, Acute Psychiatric Medi-Cal  |
| BS                  | P072301                  | CENS_PSY_SHDOYL          | Census, Acute Psychiatric Short Doyle (includes Short-Doyle Medi-Cal)                         |
| BT                  | P072401                  | CENS_PSY_HMO             | Census, Acute Psychiatric HMO   |
| BU                  | P072501                  | CENS_PSY_THIRDPTY        | Census, Acute Psychiatric Other Third Party Payment   |
| BV                  | P072601                  | CENS_PSY_PVTPAY          | Census, Acute Psychiatric Private Pay   |
| BW                  | P072701                  | CENS_PSY_OTHR            | Census, Acute Psychiatric Other   |

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name          | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions |
|---------------------|--------------------------|---------------------|---|
| BX                  | P073001                  | SHDOYL_PSY_PROG     | Program, Acute Psychiatric Under Short Doyle contract (1=Y, 2=N)                              |
| BY                  | P080101                  | MED-SURG_CENS       | Census, Medical-Surgical on 12/31   |
| BZ                  | P080102                  | MED-SURG_BED_LIC    | Licensed beds in Medical-Surgical   |
| CA                  | P080103                  | MED-SURG_DIS        | Discharges, Medical-Surgical  |
| CB                  | P080105                  | MED-SURG_DAY        | Days, Medical-Surgical Days   |
| CC                  | P080106                  | MED-SURG_LICBED_DAY | Days, Licensed bed in Medical-Surgical  |
| CD                  | P080201                  | PERINATL_CENS       | Census, Perinatal on 12/31  |
| CE                  | P080202                  | PERINATL_BED_LIC    | Licensed beds in Perinatal  |
| CF                  | P080203                  | PERINATL_DIS        | Discharges, Perinatal   |
| CG                  | P080205                  | PERINATL_DAY        | Days, Perinatal Days  |
| CH                  | P080206                  | PERINATL_LICBED_DAY | Days, Licensed bed in Perinatal   |
| CI                  | P080301                  | PED_CENS            | Census, Pediatric on 12/31  |
| CJ                  | P080302                  | PED_BED_LIC         | Licensed beds in Pediatric  |
| CK                  | P080303                  | PED_DIS             | Discharges, Pediatric   |
| CL                  | P080305                  | PED_DAY             | Days, Pediatric   |
| CM                  | P080306                  | PED_LICBED_DAY      | Days, Licensed bed in Pediatric   |
| CN                  | P080401                  | ICU_CENS            | Census, Intensive Care Unit on 12/31  |
| CO                  | P080402                  | ICU_BED_LIC         | Licensed beds in Intensive Care Unit  |
| CP                  | P080403                  | ICU_DIS             | Discharges, Intensive Care Unit   |
| CQ                  | P080404                  | ICU_TFR_INHOSP      | Interhospital transfer from ICU   |
| CR                  | P080405                  | ICU_DAY             | Days, Intensive Care Unit   |
| CS                  | P080406                  | ICU_LICBED_DAY      | Days, Licensed bed in Intensive Care Unit   |
| CT                  | P080501                  | CCU_CENS            | Census, Coronary Care Unit on 12/31   |
| CU                  | P080502                  | CCU_BED_LIC         | Licensed beds in Coronary Care Unit   |
| CV                  | P080503                  | CCU_DIS             | Discharges, Coronary Care Unit  |
| CW                  | P080504                  | CCU_TFR_INHOSP      | Interhospital transfer from Coronary Care Unit  |
| CX                  | P080505                  | CCU_DAY             | Days, Coronary Care Unit  |
| CY                  | P080506                  | CCU_LICBED_DAY      | Days, Licensed bed in Coronary Care Unit  |
| CZ                  | P080601                  | RESP_CENS           | Census, Respiratory Intensive Care Unit on 12/31  |
| DA                  | P080602                  | RESP_BED_LIC        | Licensed beds in Respiratory Intensive Care Unit  |
| DB                  | P080603                  | RESP_DIS            | Discharges, Respiratory Intensive Care Unit   |
| DC                  | P080604                  | RESP_TFR_INHOSP     | Interhospital transfer from Respiratory Care Unit   |
| DD                  | P080605                  | RESP_DAY            | Days, Respiratory Intensive Care Unit   |
| DE                  | P080606                  | RESP_LICBED_DAY     | Days, Licensed bed in Respiratory Intensive Care Unit   |
| DF                  | P080701                  | BURN_CENS           | Census, Burn Center on 12/31  |
| DG                  | P080702                  | BURN_BED_LIC        | Licensed beds in Burn Center  |
| DH                  | P080703                  | BURN_DIS            | Discharges, Burn Center   |
| DI                  | P080704                  | BURN_TFR_INHOSP     | Interhospital transfer from Burn Center   |



## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name       | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions |
|---------------------|--------------------------|------------------|---|
| DJ                  | P080705                  | BURN_DAY         | Days, Burn Center   |
| DK                  | P080706                  | BURN_LICBED_DAY  | Days, Licensed bed in Burn Center   |
| DL                  | P080801                  | NICU_CENS        | Census, Neonatal Intensive Care Unit on 12/31   |
| DM                  | P080802                  | NICU_BED_LIC     | Licensed beds in Neonatal Intensive Care Unit   |
| DN                  | P080803                  | NICU_DIS         | Discharges, Neonatal Intensive Care Unit  |
| DO                  | P080804                  | NICU_TFR_INHOSP  | Interhospital transfer from Neonatal Intensive Care Unit                                      |
| DP                  | P080805                  | NICU_DAY         | Days, Neonatal Intensive Care Unit  |
| DQ                  | P080806                  | NICU_LICBED_DAY  | Days, Licensed bed in Neonatal Intensive Care Unit  |
| DR                  | P081001                  | REHAB_CENS       | Census, Rehabilitation Center on 12/31  |
| DS                  | P081002                  | REHAB_BED_LIC    | Licensed beds in Rehabilitation Center  |
| DT                  | P081003                  | REHAB_DIS        | Discharges, Rehabilitation Center   |
| DU                  | P081005                  | REHAB_DAY        | Days, Rehabilitation Center   |
| DV                  | P081006                  | REHAB_LICBED_DAY | Days, Licensed bed in Rehabilitation Center   |
| DW                  | P081601                  | GAC_S-TOT_CENS   | Census, General Acute Care on 12/31, Sub-total  |
| DX                  | P081602                  | GAC_BED_LIC      | Licensed beds in General Acute Care   |
| DY                  | P081603                  | GAC_DIS          | Discharges, General Acute Care  |
| DZ                  | P081605                  | GAC_DAY          | Days, General Acute Care  |
| EA                  | P081606                  | GAC_LICBED_DAY   | Days, Licensed bed in General Acute Care  |
| EB                  | P081801                  | CHEM_CENS        | Census, Chemical Dependency Recovery on 12/31   |
| EC                  | P081802                  | CHEM_BED_LIC     | Licensed beds in Chemical Dependency Recovery   |
| ED                  | P081803                  | CHEM_DIS         | Discharges, Chemical Dependency Recovery  |
| EE                  | P081805                  | CHEM_DAY         | Days, Chemical Dependency Recovery  |
| EF                  | P081806                  | CHEM_LICBED_DAY  | Days, Licensed bed in Chemical Dependency Recovery  |
| EG                  | P082001                  | PSY_CENS         | Census, Acute Psychiatric on 12/31  |
| EH                  | P082002                  | PSY_BED_LIC      | Licensed beds in Acute Psychiatric  |
| EI                  | P082003                  | PSY_DIS          | Discharges, Acute Psychiatric   |
| EJ                  | P082005                  | PSY_DAY          | Days, Acute Psychiatric   |
| EK                  | P082006                  | PSY_LICBED_DAY   | Days, Licensed bed in Acute Psychiatric   |
| EL                  | P082501                  | SN_CENS          | Census, Skilled Nursing on 12/31  |
| EM                  | P082502                  | SN_BED_LIC       | Licensed beds in Skilled Nursing  |
| EN                  | P082503                  | SN_DIS           | Discharges, Skilled Nursing   |
| EO                  | P082505                  | SN_DAY           | Days, Skilled Nursing   |
| EP                  | P082506                  | SN_LICBED_DAY    | Days, Licensed bed in Skilled Nursing   |
| EQ                  | P083001                  | IC_CENS          | Census, Intermediate Care on 12/31  |
| ER                  | P083002                  | IC_BED_LIC       | Licensed beds in Intermediate Care  |
| ES                  | P083003                  | IC_DIS           | Discharges, Intermediate Care   |
| ET                  | P083005                  | IC_DAY           | Days, Intermediate Care   |
| EU                  | P083006                  | IC_LICBED_DAY    | Days, Licensed bed in Intermediate Care   |

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name           | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions |
|---------------------|--------------------------|----------------------|---|
| EV                  | P084001                  | CENS_TOT             | Census, Total on 12/31  |
| EW                  | P084002                  | BED_LIC_TOT          | Licensed beds, Total  |
| EX                  | P084003                  | DIS_TOT              | Discharges, Total   |
| EY                  | P084005                  | DAY_TOT              | Days, Total   |
| EZ                  | P084006                  | LICBED_DAY_TOT       | Days, Licensed bed, Total   |
| FA                  | P084501                  | CHEM_GAC_CENS        | Census, Chem Dep Recovry Svc Using Lic. GAC Beds on 12/31                                     |
| FB                  | P084502                  | CHEM_GAC_DIS         | Discharges, Total Chem Depend Recovry Svc Using Lic. GAC Beds                                 |
| FC                  | P084503                  | CHEM_GAC_DAY_BED_LIC | Days, Licensed bed, in Chem Depend Recovry Svc Using Lic. GAC Beds                            |
| FD                  | P084504                  | CHEM_GAC_BED_LIC     | Licensed GAC Beds being used for Chem Depend Recovry Svc                                      |
| FE                  | P090301                  | LIC_CVSURG_CATH      | Cardio-vascular surg/cathet. Lab licensed, 0=no; 1=cath only; 2=CV and Cath                   |
| FF                  | P091001                  | OP_RM_CVSUR_ECBPASS  | Operating Rooms equipped for ECBPASS on 12/31   |
| FG                  | P091101                  | CVSURG_ECBPASS_PED   | Cardiac Surgeries with Extracorp. Bypass-Pediatric  |
| FH                  | P091201                  | CVSURG_ECBPASS_ADLT  | Cardiac Surgeries with Extracorp. Bypass-Adult  |
| FI                  | P091301                  | CVSURG_ECBPASS_TOT   | Cardiac Surgeries with Extracorp. Bypass-Total  |
| FJ                  | P092001                  | ROOM_CARD_CATH       | Rooms Equipped for Catheterizations on 12/31  |
| FK                  | P092301                  | CATH_PED_DX          | Catheterizations, Diagnostic Total, Pediatric   |
| FL                  | P092302                  | CATH_PED_THER        | Catheterizations, Therapeutic Total, Pediatric  |
| FM                  | P092401                  | CATH_ADULT_DX        | Catheterizations, Diagnostic Total, Adult   |
| FN                  | P092402                  | CATH_ADULT_THER      | Catheterizations, Therapeutic Total, Adult  |
| FO                  | P092501                  | CATH_DX_TOT          | Catheterizations, Diagnostic Total  |
| FP                  | P092502                  | CATH_THER_TOT        | Catheterizations, Therapeutic Total   |
| FQ                  | P092601                  | PACEMKR_IMPL         | Permanent Pacemaker Implantations   |
| FR                  | P092701                  | PTCA_ANGIOPLASTY     | Percutaneous Transluminal Coronary Angioplasty  |
| FS                  | P092801                  | PTBV_BALLOON         | Percutaneous Transluminal Balloon Valve   |
| FT                  | P092901                  | THROMBO_AGT          | Thrombolytic Agents   |
| FU                  | P093001                  | CATH_OTHR            | Catheterizations, Other   |
| FV                  | P093101                  | CATH_TOT             | Catheterizations, Total   |
| FW                  | P100601                  | BIRTHS_TOT           | Live Births, Total (multiple births counted separately)                                       |
| FX                  | P100701                  | BIRTHS_<2.5KG        | Live Births, with Weight under 2500 grams   |
| FY                  | P100801                  | BIRTHS_<1.5KG        | Live Births, with Weight under 1500 grams   |
| FZ                  | P101101                  | ABC_PROG             | Alternate Birthing Center Program (1 if Yes)  |
| GA                  | P101201                  | ABC_LDR              | Alternate Birthing Center w/stay < 24 hrs., unlic. beds                                       |
| GB                  | P101202                  | ABC_LDRP             | Alternate Birthing Center w/stay > 24 hrs., lic. beds   |
| GC                  | P101301                  | BIRTHS_ABC           | Live Births Occurring in Alternative Birth Setting  |
| GD                  | P101401                  | BIRTHS_C-SEC         | Live Births Cesarean Section Delivery   |
| GE                  | P101501                  | DAY_NURSTRY          | Newborn nursery days  |
| GF                  | P110101                  | SURG_IP              | Surgical Operations, Inpatient  |
| GG                  | P110102                  | OP_MIN_IP            | Operating Room (Anesthesia) Minutes-Inpatient   |

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name          | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions |
|---------------------|--------------------------|---------------------|---|
| GH                  | P110201                  | SURG_OP             | Surgical Operations, Outpatient   |
| GI                  | P110202                  | OP_MIN_OP           | Operating Room (Anesthesia) Minutes-Outpatient  |
| GJ                  | P110501                  | AMB_SURG_PROG       | Ambulatory Surgical Program (1 if Yes)  |
| GK                  | P111001                  | OP_ROOM             | Operating Rooms in Surgical Suites  |
| GL                  | P111101                  | OP_ROOM_OP          | Operating Rooms, exclusively Outpatient Surgery   |
| GM                  | P111201                  | OP_ROOM_IPOP        | Operating Rooms, Inpatient and Outpatient Surgery   |
| GN                  | P111301                  | OP_ROOM_IP          | Operating Rooms, exclusively Inpatient Surgery  |
| GO                  | P120101                  | PROG_RAD_THER       | Radiation Therapy Program (1=yes, 2=no)   |
| GP                  | P120201                  | PROG_RAD_THER_12-31 | Licensed Radiation Therapy Svc on 12/31 (1=yes, 2=no)   |
| GQ                  | P121001                  | MV1_TYPE            | Megavoltage Machine 1, Type   |
| GR                  | P121002                  | MV1_YEAR            | Megavoltage 1 Yr Operational in Hospital  |
| GS                  | P121003                  | MV1_DAY             | Megavoltage 1 Total Machine Days in Operation   |
| GT                  | P121004                  | MV1_VIS             | Megavoltage 1 Number of Treatment Visits  |
| GU                  | P121005                  | MV1_PHOT_MAX        | Megavoltage 1 Linear Accelerator: Photon Mode   |
| GV                  | P121006                  | MV1_ELEC_MAX        | Megavoltage 1 Linear Accelerator: Electron Mode   |
| GW                  | P121101                  | MV2_TYPE            | Megavoltage Machine 2, Type   |
| GX                  | P121102                  | MV2_YEAR            | Megavoltage 2 Yr Operational in Hospital  |
| GY                  | P121103                  | MV2_DAY             | Megavoltage 2 Total Machine Days in Operation   |
| GZ                  | P121104                  | MV2_VIS             | Megavoltage 2 Number of Treatment Visits  |
| HA                  | P121105                  | MV2_PHOT_MAX        | Megavoltage 2 Linear Accelerator: Photon Mode   |
| HB                  | P121106                  | MV2_ELEC_MAX        | Megavoltage 2 Linear Accelerator: Electron Mode   |
| HC                  | P121201                  | MV3_TYPE            | Megavoltage Machine 3, Type   |
| HD                  | P121202                  | MV3_YEAR            | Megavoltage 3 Yr Operational in Hospital  |
| HE                  | P121203                  | MV3_DAY             | Megavoltage 3 Total Machine Days in Operation   |
| HF                  | P121204                  | MV3_VIS             | Megavoltage 3 Number of Treatment Visits  |
| HG                  | P121205                  | MV3_PHOT_MAX        | Megavoltage 3 Linear Accelerator: Photon Mode   |
| HH                  | P121206                  | MV3_ELEC_MAX        | Megavoltage 3 Linear Accelerator: Electron Mode   |
| HI                  | P121301                  | MV4_TYPE            | Megavoltage Machine 4, Type   |
| HJ                  | P121302                  | MV4_YEAR            | Megavoltage 4 Yr Operational in Hospital  |
| HK                  | P121303                  | MV4_DAY             | Megavoltage 4 Total Machine Days in Operation   |
| HL                  | P121304                  | MV4_VIS             | Megavoltage 4 Number of Treatment Visits  |
| HM                  | P121305                  | MV4_PHOT_MAX        | Megavoltage 4 Linear Accelerator: Photon Mode   |
| HN                  | P121306                  | MV4_ELEC_MAX        | Megavoltage 4 Linear Accelerator: Electron Mode   |
| HO                  | P121401                  | MV5_TYPE            | Megavoltage Machine 5, Type   |
| HP                  | P121402                  | MV5_YEAR            | Megavoltage 5 Yr Operational in Hospital  |
| HQ                  | P121403                  | MV5_DAY             | Megavoltage 5 Total Machine Days in Operation   |
| HR                  | P121404                  | MV5_VIS             | Megavoltage 5 Number of Treatment Visits  |
| HS                  | P121405                  | MV5_PHOT_MAX        | Megavoltage 5 Linear Accelerator: Photon Mode   |

## Annual Utilization Report of Hospitals – 2000

| Spreadsheet Columns | Page, Line, & Column No. | Field Name          | Hospital Utilization 2000 Data File Specifications<br>Field Descriptions and Code Definitions   |
|---------------------|--------------------------|---------------------|---|
| HT                  | P121406                  | MV5_ELEC_MAX        | Megavoltage 5 Linear Accelerator: Electron Mode   |
| HU                  | P121501                  | MV6_TYPE            | Megavoltage Machine 6, Type   |
| HV                  | P121502                  | MV6_YEAR            | Megavoltage 6 Yr Operational in Hospital  |
| HW                  | P121503                  | MV6_DAY             | Megavoltage 6 Total Machine Days in Operation   |
| HX                  | P121504                  | MV6_VIS             | Megavoltage 6 Number of Treatment Visits  |
| HY                  | P121505                  | MV6_PHOT_MAX        | Megavoltage 6 Linear Accelerator: Photon Mode   |
| HZ                  | P121506                  | MV6_ELEC_MAX        | Megavoltage 6 Linear Accelerator: Electron Mode   |
| IA                  | P121601                  | MV7_TYPE            | Megavoltage Machine 7, Type   |
| IB                  | P121602                  | MV7_YEAR            | Megavoltage 7 Yr Operational in Hospital  |
| IC                  | P121603                  | MV7_DAY             | Megavoltage 7 Total Machine Days in Operation   |
| ID                  | P121604                  | MV7_VIS             | Megavoltage 7 Number of Treatment Visits  |
| IE                  | P121605                  | MV7_PHOT_MAX        | Megavoltage 7 Linear Accelerator: Photon Mode   |
| IF                  | P121606                  | MV7_ELEC_MAX        | Megavoltage 7 Linear Accelerator: Electron Mode   |
| IG                  | P122101                  | EMS_LEVELC1-1_LIC   | <b>Emergency Medical Services - Licensed level on 1/1</b><br><b>Code    Level</b><br>0    No EMS and NOT a GAC hospital (e.g., Psych, Chem. Dependency)<br>1    No EMS (licensed General Acute Care Hospital)<br>2    Standby EMS<br>3    Basic EMS<br>4    Comprehensive EMS   |
| IH                  | P122201                  | EMS_LEVELC12-31_LIC | <b>Emergency Medical Services - Licensed level on 12/31</b><br><b>Code    Level</b><br>0    No EMS and NOT a GAC hospital (e.g., Psych, Chem. Dependency)<br>1    No EMS (licensed General Acute Care Hospital)<br>2    Standby EMS<br>3    Basic EMS<br>4    Comprehensive EMS |
| II                  | P122601                  | EMS_STATION         | Emerg Med Svcs, Patient Treatment Stations on 12/31   |
| IJ                  | P122801                  | VIS_EMS             | Emerg Med Svcs, Patient Visits  |
| IK                  | P122901                  | VIS_EMS_NON-URG     | Emerg Med Svcs, Non-Urgent EMS Visits   |
| IL                  | P123001                  | VIS_EMS_URGNT       | Emerg Med Svcs, Urgent EMS Visits   |
| IM                  | P123101                  | VIS_EMS_CRIT        | Emerg Med Svcs, Critical EMS Visits   |
| IN                  | P123201                  | ADM_EMS_VIS         | Emerg Med Svcs, EMS Visits Resulting in Admissions  |

## **Appendix A**

California Counties

## APPENDIX A

### COUNTIES OF CALIFORNIA NAMES AND CODE NUMBERS

| COUNTY   |              | COUNTY   |                | COUNTY   |                 |
|----------|--------------|----------|----------------|----------|-----------------|
| <u>#</u> | <u>Name</u>  | <u>#</u> | <u>Name</u>    | <u>#</u> | <u>Name</u>     |
| 01       | Alameda      | 20       | Madera         | 40       | San Luis Obispo |
| 02       | Alpine       | 21       | Marin          | 41       | San Mateo       |
| 03       | Amador       | 22       | Mariposa       | 42       | Santa Barbara   |
| 04       | Butte        | 23       | Mendocino      | 43       | Santa Clara     |
| 05       | Calaveras    | 24       | Merced         | 44       | Santa Cruz      |
| 06       | Colusa       | 25       | Modoc          | 45       | Shasta          |
| 07       | Contra Costa | 26       | Mono           | 46       | Sierra          |
| 08       | Del Norte    | 27       | Monterey       | 47       | Siskiyou        |
| 09       | El Dorado    | 28       | Napa           | 48       | Solano          |
| 10       | Fresno       | 29       | Nevada         | 49       | Sonoma          |
| 11       | Glenn        | 30       | Orange         | 50       | Stanislaus      |
| 12       | Humboldt     | 31       | Placer         | 51       | Sutter          |
| 13       | Imperial     | 32       | Plumas         | 52       | Tehama          |
| 14       | Inyo         | 33       | Riverside      | 53       | Trinity         |
| 15       | Kern         | 34       | Sacramento     | 54       | Tulare          |
| 16       | Kings        | 35       | San Benito     | 55       | Tuolumne        |
| 17       | Lake         | 36       | San Bernardino | 56       | Ventura         |
| 18       | Lassen       | 37       | San Diego      | 57       | Yolo            |
| 19       | Los Angeles  | 38       | San Francisco  | 58       | Yuba            |
|          |              | 39       | San Joaquin    |          |                 |

## **Appendix B**

Annual Utilization Report of Hospitals

(Blank copy of reporting form)

State of California  
Office of Statewide Health Planning and Development  
**ANNUAL UTILIZATION REPORT OF HOSPITALS - 2000**

STATE USE ONLY

**Page 0, Line 1**

STATUS 3 \_\_\_\_ CONSOL # 6 \_\_\_\_

Return **BY FEBRUARY 15, 2001** to:  
Office of Statewide Health Planning  
and Development  
Accounting and Reporting Systems Section  
Licensed Services Data and Compliance Unit  
818 K Street, Rm. 400  
Sacramento, CA 95814

Completion of the "Annual Utilization Report of Hospitals" is required by Section 127285 of the Health and Safety Code, and is a requirement for the licensure of your health facility pursuant to Section 70735 and 71533 of Title 22 of the California Code of Regulations. Failure to complete and file this report by February 15, may result in action against the hospital's license.

**Please refer to the instructions as you complete the form. If you have any questions or need assistance in completing the form, please contact the Office at (916) 323-7685.**

*"I declare the following under penalty of perjury: that I am the current administrator of this hospital, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this hospital and the records and logs are true and correct to the best of my information and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from our medical records and logs of the information requested."*

\_\_\_\_\_  
Administrator's Name (Please Print)

\_\_\_\_\_  
Name of person completing form and /or contact  
person for any follow-up questions (Please Print)

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Print Title and Department of Person Responsible for  
the Report

\_\_\_\_\_  
Date

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Ext.

3. (\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone

(\_\_\_\_\_) \_\_\_\_\_  
Area Code FAX Number



**COMPLETE PART A ONLY IF THE HOSPITAL WAS DELICENSED (CLOSED), WENT INTO SUSPENSE OR WAS NEWLY LICENSED DURING THE REPORTING YEAR.**

- A. DATES OF LICENSURE:** If the hospital was licensed on or after 1/1 or was delicensed (closed) or went into suspense on or before 12/31, enter the dates of operation on Line 1, Columns 1 and 2. Month = 01 through 12 and Day = 01 through 31.

| Col. 1   |  | Col. 2  |  |
|----------|--|---------|--|
| 11. FROM | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%);"> </div> </div> | THROUGH | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%);"> </div> </div> |
|          | Month Day  |         | Month Day  |

**COMPLETE PART B & C ONLY IF THE HOSPITAL WAS NEWLY LICENSED OR CHANGED LICENSEE/ OWNERSHIP DURING THE REPORTING YEAR.**

**B. LICENSEE (OWNERSHIP) TYPE:**

From the list below, select the ONE category that best describes the type of licensee of your hospital and enter the number which appears next to that category. ....2. \_\_\_\_\_

| LICENSEE (OWNERSHIP) CODES  |                |                        |
|-----------------------------|----------------|------------------------|
| NONPROFIT                   | FOR PROFIT     | STATE/LOCAL GOVERNMENT |
| 18 Nonprofit Corporation    | 23 Individual  | 11 State               |
| 19 Kaiser                   | 24 Partnership | 12 County              |
| 20 Church Related           | 25 Corporation | 13 City                |
| 22 University of California |                | 14 City/County         |
| 21 Other _____<br>Specify   |                | 15 Hospital District   |

**C. PRINCIPAL SERVICE TYPE:**

From the list below, select the ONE category that best describes the type of service provided to the majority of your patients and enter the number which appears next to that category. ....3. \_\_\_\_\_

| PRINCIPAL SERVICE CODES   |   |                                  |
|---|---|----------------------------------|
| 10 General Medical/Surgical   | 14 Tuberculosis and Other Respiratory Disease | 18 Physical Rehabilitation       |
| 11 Hospital Unit of an Institution (e.g. Penal Institution, student health) | 15 Chemical Dependency (Alcohol/Drug)         | 19 Orthopedic or Pediatric Ortho |
| 12 Long Term Care (SN/IC)   | 16 Chronic Disease                            | 22 Developmentally Disabled      |
| 13 Psychiatric  | 17 Pediatric                                  | 23 Other _____<br>(Specify)      |

**A. HOSPICE PROGRAM**

Enter the number 1 if the hospital offered a hospice program during the calendar year?.....1 \_\_\_\_  
 (See definition of "hospice" in instructions)

If yes, what type of bed classification is used for this service?

1-General Acute Care, 2-SNF, 3-ICF, 4-Combination .....2 \_\_\_\_

**LONG-TERM CARE SERVICES**  
**(SKILLED NURSING AND/OR INTERMEDIATE CARE (SN/IC))**

**B. CERTIFICATION(S):**

From the certification categories below, place a check on those categories for which your hospital was certified or contracted during the year.

|                      |                  |                   |                      |                 |
|----------------------|------------------|-------------------|----------------------|-----------------|
| <b>Medicare:</b>     | <b>Medi-Cal:</b> | <b>Medi-Cal:</b>  | <b>Medi-Cal:</b>     | <b>Medi-Cal</b> |
| Skilled Nursing      | Skilled Nursing  | Intermediate Care | Intermediate Care/DD | Subacute        |
| Line 5 (Col. 1) ____ | (Col. 2) ____    | (Col. 3) ____     | (Col. 4) ____        | (Col. 5) ____   |

**C. Length of Time in Hospital**--All long-term care patients discharged: (See definition of "discharge" in instruction booklet.)

**TABLE A Discharged Long-term Care Patients by Length of Stay**

| Time in Hospital                | Line No. | Number of Patients |
|---------------------------------|----------|--------------------|
| TOTAL LONG-TERM CARE DISCHARGES | 11       | *                  |
| Less than 2 weeks               | 12       |                    |
| 2 weeks less than 1 month       | 13       |                    |
| 1 month less than 3 months      | 14       |                    |
| 3 months less than 7 months     | 15       |                    |
| 7 months less than 12 months    | 16       |                    |
| 1 year less than 2              | 17       |                    |
| 2 years less than 3             | 18       |                    |
| 3 years less than 5             | 19       |                    |
| 5 years less than 7             | 20       |                    |
| 7 years less than 10            | 21       |                    |
| 10 years or more                | 22       |                    |

\*Total discharges must be the same on page 4, line 3, column 6. (Table B)

**D. SPECIAL PROGRAMS FOR HOSPITAL-BASED LONG-TERM CARE PATIENTS**

During the calendar year, what was the number of patients diagnosed as having AIDS, ARC, prodromal AIDS or HIV related disease and illness (HTLV-III/LAV)? .....41 \_\_\_\_

Enter the number 1 if your hospital offered a specialized program for Alzheimer's patients? .....42 \_\_\_\_

During the calendar year, what was the number of patients who had a primary or secondary diagnosis of Alzheimer's Disease?.....43 \_\_\_\_

**Long-term Care Services (Continued)****TABLE B – LONG TERM CARE INPATIENT UTILIZATION****COMPLETE LINES 1-4, COLUMNS 1-6, USING THE FOLLOWING:**

$$(\text{Line 1}) + (\text{Line 2}) - (\text{Line 3}) = \text{Line 4}$$

**Enter on Line 2, Col. 7-12, the number of LTC patients admitted from each place shown.** The sum of line 2 (ADMISSIONS) columns 7-12 must equal the amount shown on line 2 column 6 (**Total**)

**Enter on Line 3, Col. 7-14, the number of LTC patients discharged to each place shown.** The sum of line 3 (DISCHARGES) columns 7-14 must equal the amount shown on line 3 column 6 (**Total**)

**Enter on Line 4, Col. 7-14, the number of LTC patients in the hospital on December 31 whose principal source of payment was from the sources shown.** The sum of line 4 (CENSUS) columns 7-14 must equal the amount shown on line 4 column 6 (**Total**)

|                             |       | SN (Gen) | IC (Gen) | SN (MD)  | IC (DD)  | Total    |                       |                       |                       |                            |                                  |              |             |                     |
|-----------------------------|-------|----------|----------|----------|----------|----------|-----------------------|-----------------------|-----------------------|----------------------------|----------------------------------|--------------|-------------|---------------------|
| <b>Dec. 31, 1999 Census</b> | Ln. 1 |          |          |          |          |          |                       |                       |                       |                            |                                  |              |             |                     |
|                             |       |          |          |          |          |          | <b>Home</b>           | <b>Hospital</b>       | <b>State Hospital</b> | <b>Other LTC</b>           | <b>Residential Bd &amp; Care</b> | <b>Other</b> |             |                     |
| <b>Admissions (+)</b>       | Ln. 2 |          |          |          |          |          |                       |                       |                       |                            |                                  |              | <b>AWOL</b> | <b>Death</b>        |
| <b>(-) Discharges</b>       | Ln. 3 |          |          |          |          |          |                       |                       |                       |                            |                                  |              |             |                     |
| <b>Dec. 31, 2000 Census</b> | Ln. 4 |          |          |          |          |          |                       |                       |                       |                            |                                  |              |             |                     |
| <b>Patient Days</b>         | Ln. 5 |          |          |          |          |          | <b>7<br/>Medicare</b> | <b>8<br/>Medi-Cal</b> | <b>9<br/>HMO</b>      | <b>10<br/>Private Ins.</b> | <b>11<br/>Private Pay</b>        | <b>12</b>    | <b>13</b>   | <b>14<br/>Other</b> |
| <b>Licensed Beds</b>        | Ln. 6 |          |          |          |          |          |                       |                       |                       |                            |                                  |              |             |                     |
| <b>Licensed Bed Days</b>    | Ln. 7 |          |          |          |          |          |                       |                       |                       |                            |                                  |              |             |                     |
| <b>Swing Beds</b>           | Ln. 8 |          |          |          |          |          |                       |                       |                       |                            |                                  |              |             |                     |
| <b>Cols.</b>                |       | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>6</b> |                       |                       |                       |                            |                                  |              |             |                     |

*Please Refer to the Instructions*

**A. TOTAL NUMBER OF LTC INPATIENTS**

1. Number of Inpatients in the Hospital on December 31 of the Reporting Year \_\_\_\_\_
2. Number of **Male** Inpatients on December 31 of the Reporting Year. \_\_\_\_\_
3. Number of **Female** Inpatients on December 31 of the Reporting Year \_\_\_\_\_

**B. RACE/ETHNICITY AND AGE OF MALE LTC PATIENTS ON DECEMBER 31.**

Report These Patients by the Appropriate Age Groups:

|                     | <b>COL. 1</b> | <b>COL. 2</b> | <b>COL. 3</b> | <b>COL. 4</b> | <b>COL. 5</b> | <b>COL. 6</b> | <b>COL. 7</b> |
|---------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
|                     | <b>&lt;45</b> | <b>45-54</b>  | <b>55-64</b>  | <b>65-74</b>  | <b>75-84</b>  | <b>85-94</b>  | <b>95+</b>    |
| 4. White            | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 5. Black            | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 6. Hispanic         | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 7. Asian            | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 8. Filipino         | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 9. Pacific Islander | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 10. Native American | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 11. Other           | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 12. Total           | _____         | _____         | _____         | _____         | _____         | _____         | _____         |

**C. RACE/ETHNICITY AND AGE OF FEMALE LTC PATIENTS ON DECEMBER 31.**

Report These Patients by the Appropriate Age Groups:

|                      | <b>COL. 1</b> | <b>COL. 2</b> | <b>COL. 3</b> | <b>COL. 4</b> | <b>COL. 5</b> | <b>COL. 6</b> | <b>COL. 7</b> |
|----------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
|                      | <b>&lt;45</b> | <b>45-54</b>  | <b>55-64</b>  | <b>65-74</b>  | <b>75-84</b>  | <b>85-94</b>  | <b>95+</b>    |
| 13. White            | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 14. Black            | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 15. Hispanic         | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 16. Asian            | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 17. Filipino         | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 18. Pacific Islander | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 19. Native American  | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 20. Other            | _____         | _____         | _____         | _____         | _____         | _____         | _____         |
| 21. Total            | _____         | _____         | _____         | _____         | _____         | _____         | _____         |

**A. MEDI-CAL SUBACUTE CARE PATIENTS**1. Number of **Medi-Cal Subacute** Care Beds Contracted for on December 31. ....COL. 1  
Age 20 and UnderCOL. 2  
Age 21 and Over

2. Number of Medi-Cal Subacute Patients in the Hospital on December 31.

3. Number of Medi-Cal Subacute Patients Admitted During the Year.

4. Number of Medi-Cal Subacute Patients Discharged During the Year.

5. Number of Medi-Cal Subacute Care Patient Days.

**B. PLACE MEDI-CAL SUBACUTE PATIENTS REPORTED ON LINE 3 WERE ADMITTED FROM (Source of Admission):**

10. Home

11. State Hospital

12. Residential Board and Care Facility

13. Hospital

14. Other LTC facility

15. Other, Specify \_\_\_\_\_

**C. PLACE MEDI-CAL SUBACUTE PATIENTS REPORTED ON LINE 4 WERE DISCHARGED TO (Disposition of Patient):**

20. Home

21. State Hospital

22. Residential Board and Care Facility

23. Hospital

24. Other LTC facility

25. Other, Specify \_\_\_\_\_

26. Death

**D. REPORT THE NUMBER OF MEDI-CAL SUBACUTE PATIENTS ON DECEMBER 31 THAT REQUIRED THE TREATMENT/PROCEDURES LISTED. (A patient may require more than one treatment/procedure:)**

31. Tracheostomy with Ventilator

32. Tracheostomy without Ventilator

33. Tube feeding (nasogastric or gastrostomy)

34. Total Parenteral Nutrition (TPN)

35. Physical Therapy

36. Speech Therapy

37. Occupational Therapy

38. IV Therapy

39. Wound Care

40. Peritoneal Dialysis

**COMPLETE ONLY IF YOUR HOSPITAL HAS LICENSED ACUTE PSYCH OR PHF BEDS****A. ACUTE PSYCHIATRIC PATIENTS ON DECEMBER 31**

|                         | Line<br>No. | PATIENT CENSUS DECEMBER 31 |
|-------------------------|-------------|----------------------------|
| ACUTE PSYCHIATRIC TOTAL | 1           | *                          |
| Locked                  | 2           |                            |
| Open                    | 3           |                            |

\*TOTAL must equal Line 20, Column 1, Page 8

**B. ACUTE PSYCHIATRIC PATIENTS BY AGE CATEGORY ON DECEMBER 31**

| AGE GROUP            | Line<br>No. | NUMBER OF PATIENTS |
|----------------------|-------------|--------------------|
| TOTAL PATIENT CENSUS | 6           |                    |
| 0-17 Years           | 7           |                    |
| 18-64 Years          | 8           |                    |
| 65 Years and over    | 9           |                    |

\*TOTAL patient census (Line 6) must be equal to total acute psychiatric patients (Line 1 above)

**C. CDR SERVICES PROVIDED IN LICENSED ACUTE PSYCHIATRIC BEDS**

| Line<br>No. | CENSUS<br>12/31<br>(Column 1) | For Calendar Year        |                               | STATE USE<br>ONLY                |
|-------------|-------------------------------|--------------------------|-------------------------------|----------------------------------|
|             |                               | DISCHARGES<br>(Column 2) | PATIENT<br>DAYS<br>(Column 3) | BEDS ON<br>LICENSE<br>(Column 4) |
| 15          |                               |                          |                               |                                  |

**D. ACUTE PSYCHIATRIC PATIENTS BY PRIMARY PAYER ON DECEMBER 31**

| SOURCE                                      | Line<br>No. | NUMBER OF<br>PATIENTS |
|---|-------------|-----------------------|
| TOTAL ACUTE PSYCHIATRIC PATIENTS*           | 20          |                       |
| Medicare                                    | 21          |                       |
| Medi-Cal                                    | 22          |                       |
| Short-Doyle (includes Short-Doyle Medi-Cal) | 23          |                       |
| HMO   | 24          |                       |
| Other Third Party Payer                     | 25          |                       |
| Private Pay                                 | 26          |                       |
| Other                                       | 27          |                       |

\*Total acute psychiatric patients (Line 20) must be equal to total patient census (Line 6) and acute psychiatric total (Line 1)

**E.** During the calendar year, did you provide any acute psychiatric care under a **Short-Doyle** contract? (1-Yes, 2-No) .... 30. \_\_\_\_

**A. INPATIENT BED UTILIZATION - DO NOT INCLUDE NORMAL NEWBORNS IN BED UTILIZATION DATA ON THIS TABLE!**

| Line No. | CENSUS 12/31<br>(Col. 1) | STATE USE ONLY<br>Licensed Beds<br>(Col. 2) | BED CLASSIFICATION AND BED DESIGNATION <sup>1</sup>             | For Calendar Year                                     |   |                                 | STATE USE ONLY<br>Licensed Bed Days<br>(Col. 6) |
|----------|--------------------------|---|---|---|---|---------------------------------|---|
|          |                          |   |   | Hospital Discharges<br>(Including Deaths)<br>(Col. 3) | Intrahospital Transfers<br>From Critical Care<br>(Col. 4) | Patient Census Days<br>(Col. 5) |   |
| 1        |                          |   | Medical/Surgical <sup>2</sup> (Include GYN)                     |   |   |                                 |   |
| 2        |                          |   | Perinatal (Exclude newborn & Gyn)                               |   |   |                                 |   |
| 3        |                          |   | Pediatric   |   |   |                                 |   |
| 4        |                          |   | Intensive Care <sup>3</sup>                                     |   |   |                                 |   |
| 5        |                          |   | Coronary Care <sup>3</sup>                                      |   |   |                                 |   |
| 6        |                          |   | Acute Respiratory Care <sup>3</sup>                             |   |   |                                 |   |
| 7        |                          |   | Burn Center <sup>3</sup>  |   |   |                                 |   |
| 8        |                          |   | Intensive Care Newborn Nursery                                  |   |   |                                 |   |
| 10       |                          |   | Rehabilitation Center <sup>4</sup>                              |   |   |                                 |   |
| 16       |                          |   | <b>SUBTOTAL--General Acute Care</b>                             |   |   |                                 |   |
| 18       |                          |   | <b>Chemical Dependency Recovery Hospital</b>                    |   |   |                                 |   |
| 20       |                          |   | <b>Acute Psychiatric</b><br>Please complete Page 7              |   |   |                                 |   |
| 25       |                          |   | <b>Skilled Nursing</b> <sup>5</sup><br>Please complete Page 4   |   |   |                                 |   |
| 30       |                          |   | <b>Intermediate Care</b> <sup>6</sup><br>Please complete Page 4 |   |   |                                 |   |
| 40       |                          |   | <b>HOSPITAL TOTAL</b>   |   |   |                                 |   |

<sup>1</sup> See instructions<sup>2</sup> The Department of Health Service's Licensing and Certification Division replaced the Medical/Surgical designation with "Unspecified General Acute"<sup>4</sup> Physical (muscular/neurological) rehabilitation<sup>3</sup> Step-down utilization (observation, telemetry, etc.) are to be reported as Medical/Surgical (Line 1)<sup>5</sup> From Page 4, Line 4, Columns 1 and 3<sup>6</sup> From Page 4, Line 4, Columns 2 and 4

**B.** Complete the table below if you **provided** Chemical Dependency Recovery Services (CDRS) **in your licensed General Acute Care Beds** (subtotaled on line 16 above). Do not include data below if the service was provided in licensed CDR Hospital beds (reported on Line 18 above), nor if provided in licensed Acute Psychiatric beds (reported on Page 7).

**CDRS PROVIDED IN LICENSED GENERAL ACUTE CARE BEDS**

| Line No. | CENSUS DECEMBER 31<br>(Column 1) | For Calendar Year        |                            | STATE USE ONLY                |
|----------|----------------------------------|--------------------------|----------------------------|-------------------------------|
|          |                                  | DISCHARGES<br>(Column 2) | PATIENT DAYS<br>(Column 3) | BEDS ON LICENSE<br>(Column 4) |
| 45       |                                  |                          |                            |                               |

**CARDIAC SURGERY AND CARDIAC CATHETERIZATION SERVICES**

COMPLETE THIS PAGE ONLY IF "CARDIOVASCULAR SURGERY SERVICES" OR "CARDIAC CATHETERIZATION LABORATORY ONLY" APPEAR ON YOUR HOSPITAL'S LICENSE DURING THE REPORTING YEAR.

State Use Only

3 \_\_\_\_\_

**CARDIAC SURGERY:** PLEASE REFER TO THE INSTRUCTIONS BEFORE COMPLETING.

Enter "0" if the answer is none or the question does not apply

A. How many operating rooms on 12/31 were equipped to perform cardiac surgery with extracorporeal bypass? 10 \_\_\_\_\_

B. How many cardiac surgery operations with extracorporeal bypass were performed during the calendar year?

|           | Line No. | Cardiac Surgery with Extracorporeal Bypass |
|-----------|----------|--|
| Pediatric | 11       |  |
| Adult     | 12       |  |
| TOTAL     | 13       |  |

**CARDIAC CATHETERIZATIONS:** PLEASE REFER TO THE INSTRUCTIONS BEFORE COMPLETING.

Enter "0" if the answer is none or the question does not apply

A. How many rooms in your hospital on 12/31 were equipped to perform Cardiac Catheterizations ..... 20 \_\_\_\_\_

Report the utilization of these rooms below:

| <b>TABLE B Cardiac Catheterization Laboratory Utilization</b> |          |                          |                      |
|---|----------|--------------------------|----------------------|
|   | Line No. | PATIENT VISITS           |                      |
|   |          | Cardiac Catheterizations |                      |
|   |          | Diagnostic (Col. 1)      | Therapeutic (Col. 2) |
| Pediatric   | 23       |                          |                      |
| Adult   | 24       |                          |                      |
| TOTAL   | 25       |                          |                      |

**Note: do not include any of the following as a cardiac catheterization**

Angiography  
Automatic Implantable Cardiac Defibrillator (AICD)  
Defibrillator (AICD)  
Cardioversion  
Intra-Aortic Balloon Pump  
Percutaneous Transluminal (Balloon) Angioplasty (PTA) (non-cardiac)  
Pericardiocentesis  
Temporary Pacemaker Implantation

| <b>TABLE C Distribution of Therapeutic Cardiac Catheterizations by Type</b> |          |                 |
|---|----------|-----------------|
| TYPE  | Line No. | NUMBER (Col. 1) |
| Permanent Pacemaker Implantation  | 26       |                 |
| PTCA  | 27       |                 |
| PTBV  | 28       |                 |
| Thrombolytic Agents   | 29       |                 |
| Other, Specify _____  | 30       |                 |
| TOTAL*  | 31       |                 |

\*must agree with entry in column 2 on line 25



**BIRTH AND ABORTION DATA**

**A.** Enter the number of the following events which occurred in your hospital during the calendar year. If a particular event did not occur in your hospital, enter a "0".

| Line No. | EVENT   | TOTAL OCCURRING IN HOSPITAL |
|----------|---|-----------------------------|
| 6        | Total Live Births (Count multiple births separately) <sup>1</sup>               |                             |
| 7        | • Live Births with Birth Weight Less Than 2500 grams (5lbs. 8 oz.) <sup>2</sup> |                             |
| 8        | • Live Births with Birth Weight Less Than 1500 grams (3lbs. 5 oz.) <sup>2</sup> |                             |
| 9        | Induced Abortions Inpatient <sup>3</sup>  |                             |
| 10       | Induced Abortions Outpatient (ambulatory) <sup>3</sup>                          |                             |

*\*The number of births shown on this line should be approximately the same as the number of discharges shown on Page 8, Line 2, Col. 3. Include LDR or LDRP births in table above.*

**B.** Enter the number 1 (yes) if the hospital had an alternative setting ..... 11 \_\_\_\_\_  
(i.e. an approved birthing program)

If yes, your alternative setting was approved as (check correct alternative) ..... 12 \_\_\_\_\_  
LDR<sup>4</sup> LDRP<sup>4</sup>  
(Col. 1) (Col. 2)

How many of the live births reported on line 6 occurred in your alternative setting? ..... 13 \_\_\_\_\_  
Do not include C-Section deliveries.

How many of the live births reported on line 6 were Cesarean Section deliveries? ..... 14 \_\_\_\_\_

**<sup>1</sup> LIVE BIRTH**

The complete expulsion or extraction from its mother, in a hospital, of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life such as beating of heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born. When more than one live product of conception is expelled (multiple birth), each one constitutes a separate live birth. EXCLUDE live births occurring outside your hospital.

**<sup>2</sup> LIVE BIRTHS UNDER 2500 GRAMS; UNDER 1500 GRAMS**

Of the total live births, how many weighed less than 2500 grams (5 lbs., 8 oz.); of the births weighing less than 2500 grams, how many weighed less than 1500 grams (3 lbs., 5 oz.)?

**<sup>3</sup> INDUCED ABORTIONS**

Intentionally induced abortions (chemically or surgically), performed on an outpatient or inpatient basis, irrespective of gestational age.

**<sup>4</sup> LDR (Labor, Delivery and Recovery) and LDRP (Labor, Delivery, Recovery and Post-Partum)**

LDR is a program for low-risk mothers with stays of less than 24 hours, including equipment and supplies or uncomplicated deliveries in a home-like setting and that has been approved by the Division of Licensing and Certification, Department of Health Services (L&C). LDR replaces ABC (Alternative Birthing Center).

LDRP is a program similar to LDR but is not limited to low-risk deliveries and the stays are usually for more than one day. LDRP also is L&C approved.

**C.** Enter the number of newborn nursery days (a.k.a., well baby days) ..... 15 \_\_\_\_\_

**SURGICAL SERVICES**

A. In the table below, enter the numbers requested. If an item does not apply or the answer is "none" enter a "0".

**TABLE A – SURGICAL SERVICES**

|            | Line<br>No. | FOR CALENDAR YEAR                            |  |
|------------|-------------|--|--|
|            |             | Number of<br>Surgical Operations<br>(Col. 1) | Operating Room<br>(Anesthesia) Minutes<br>(Col. 2) |
| Inpatient  | 1           |  |  |
| Outpatient | 2           |  |  |

• **Surgical Operations** -- A surgical operation is one patient using a surgery room. Therefore, a surgery involving multiple procedures (even multiple, unrelated surgeries) performed during one scheduling is to be counted as one surgical operation. This definition of a surgical operation could also be termed a "patient scheduling."

• **Operating Room Minutes** -- The difference, in minutes, between the beginning of administration of GENERAL anesthesia, and the end of administration of GENERAL anesthesia. If general anesthesia is not administered, Operating Room Minutes are the number of minutes between the beginning and ending of surgery.

The only exception: if the general anesthesia continues after the patient leaves the operating room, then ending time occurs when the patient leaves the operating room.

B. Enter the number 1 if during the reporting year, you had an organized ambulatory surgical program, i.e., did you have written policies, procedures, and quality of care standards specific to outpatient surgery patients? .....5 \_\_\_\_\_

C. **On December 31**, what was the number of surgical operating rooms in your surgical suites(s)?  
(Include special procedure rooms, i.e., cystoscopy rooms, cardiovascular surgery rooms, and other rooms in which surgeries were performed) ..... 10 \_\_\_\_\_

D. Of the total operating rooms specified in Item C, how many, during the calendar year were used:

Exclusively for outpatient surgery? ..... 11 \_\_\_\_\_

For both inpatient and outpatient surgery? ..... 12 \_\_\_\_\_

Exclusively for inpatient surgery? ..... 13 \_\_\_\_\_

**RADIATION THERAPY SERVICE****(Megavoltage Machines Only)****A.** If Radiation Therapy Services appear on your hospital's license, do you provide the service? (1-Yes, 2-No) ..... 1 \_\_\_\_

If Yes, please complete Section B.

State Use Only

2 \_\_\_\_

**B.** In the table below, complete one line for each megavoltage machine in your Radiation Therapy Service.**Col. 3** Those days the machine was available for use including weekends, holidays, etc. Include only days the machine could have been used: do not include down time.**Col. 4** "Treatment Visits" means a patient visit during which radiation therapy was performed.**TABLE B – MEGAVOLTAGE MACHINES**

| Line No. | Machine Number | TYPE OF MACHINE<br>1=Linear Accelerator 12MeV & Under<br>2=Linear Accelerator Over 12 MeV<br>3=Cobalt 60<br>4=Betatron<br>5=Van de Graff<br><br>Col. 1 | Year Operational In Hospital<br><br>Col. 2 | Total Machine Days Used<br><br>Col. 3 | Number of Treatment Visits<br><br>Col. 4 | FOR LINEAR ACCELERATORS<br>Maximum Voltage (MeV) in: |                         |
|----------|----------------|--|--|---------------------------------------|--|--|-------------------------|
|          |                |  |  |                                       |  | Photon Mode<br>Col. 5                                | Electron Mode<br>Col. 6 |
| 10       | 1              |  |  |                                       |  |  |                         |
| 11       | 2              |  |  |                                       |  |  |                         |
| 12       | 3              |  |  |                                       |  |  |                         |
| 13       | 4              |  |  |                                       |  |  |                         |
| 14       | 5              |  |  |                                       |  |  |                         |

**EMERGENCY MEDICAL SERVICES****A. On December 31**, what was the number of emergency medical patient treatment stations available? (A treatment station is a specific place within the emergency department adequate to treat one patient at a time. (Do not count holding or observation beds).....26 \_\_\_\_**B.** What was the total number of patient visits to the EMS during the calendar year? .....28 \_\_\_\_  
DO NOT INCLUDE employee physicals and other scheduled visits.**C.** What was the number of NON-URGENT EMS\* visits during the calendar year? .....29 \_\_\_\_**D.** What was the number of URGENT EMS\* visits during the calendar year? .....30 \_\_\_\_**E.** What was the number of CRITICAL EMS\* visits during the calendar year? .....31 \_\_\_\_**F.** What was the number of EMS visits that resulted in hospital admissions? .....32 \_\_\_\_

(\*See definitions in Instructions)